

Approved For Release 2000/05/03 : CIA-RDP84-00360R000400120082-5
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

(Address)

(City)

(State)

PAID BY

SAPC 9711

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				2,193	24

PAYMENT:

Complete ☐Partial ☐Final ☐

Use continuation sheet(s) if necessary

Shipped from to Weight Government B/L No. Total \$ 2,193 24

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences

Date

final only)

STATINTL

required when a

Title

Amount verified; correct for

(Signature or initials)

Contract No. A101 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

By

SIGN
ORIGINAL
ONLY

Title

Date

Title

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

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Paid by { Check No. dated 19 for \$ on Treasurer of the United States in favor of payee named above.
Cash, \$, on 19 Payee

(Sign original only)

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* When a voucher is prepared by the payee, the name of the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$", and

Title

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Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 427
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - Costs applicable to all systems					
		Direct Costs Properly Chargeable to Contract A101 for the period 9/10/56 thru 9/16/56					
		Labor Week Ending September 16, 1956 JV #086902					
		Overhead computed for Communications Division at interim rate of [REDACTED]					
		Other Costs - per schedule attached JV #086207 JV #076123		447 09 ✓ 42 87 (50 50)			439 46 ✓
		Total Labor, Overhead and Other Costs					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs					\$2,193 24 ✓

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CONTINUATION SHEET

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Sheet No. 2 of Bureau Voucher No. 427

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		<u>OTHER COSTS</u>					
		<u>CK #</u>					
		<u>PAYEE</u>					
		187				5	00
		238				13	00
		182				120	00
		209				111	91
		105				56	27
		132				95	53
		148				19	50
		151				5	88
		89				20	00
						<u>447</u>	<u>09</u> ✓